

**SERFF Tracking #:** NALH-128750146

**State Tracking #:**

**Company Tracking #:** FORM 81-36, 84-5, 81-37, 81-47  
(10-12)

**State:** Arkansas

**Filing Company:** Midland National Life Insurance Company

**TOI/Sub-TOI:** L08 Life - Other/L08.000 Life - Other

**Product Name:** Form 81-36, 84-5, 81-37, 81-47 (10-12)

**Project Name/Number:** Form 81-36, 84-5, 81-37, 81-47 (10-12)/Form 81-36, 84-5, 81-37, 81-47 (10-12)

## Filing at a Glance

Company: Midland National Life Insurance Company

Product Name: Form 81-36, 84-5, 81-37, 81-47 (10-12)

State: Arkansas

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

Date Submitted: 10/30/2012

SERFF Tr Num: NALH-128750146

SERFF Status: Closed-Approved-Closed

State Tr Num:

State Status: Approved-Closed

Co Tr Num: FORM 81-36, 84-5, 81-37, 81-47 (10-12)

Implementation: 01/01/2013

Date Requested:

Author(s): Sherry M. Olson

Reviewer(s): Linda Bird (primary)

Disposition Date: 11/02/2012

Disposition Status: Approved-Closed

Implementation Date:

State Filing Description:

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Midland National Life Insurance Company
<b>TOI/Sub-TOI:</b>	L08 Life - Other/L08.000 Life - Other		
<b>Product Name:</b>	Form 81-36, 84-5, 81-37, 81-47 (10-12)		
<b>Project Name/Number:</b>	Form 81-36, 84-5, 81-37, 81-47 (10-12)/Form 81-36, 84-5, 81-37, 81-47 (10-12)		

## General Information

Project Name: Form 81-36, 84-5, 81-37, 81-47 (10-12)  
 Project Number: Form 81-36, 84-5, 81-37, 81-47 (10-12)  
 Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending  
 Date Approved in Domicile:  
 Domicile Status Comments: Midland's domicile state of Iowa is a member of the Interstate Compact; these forms have been submitted to the Compact.  
 Market Type: Individual  
 Individual Market Type:  
 Filing Status Changed: 11/02/2012  
 State Status Changed: 11/02/2012  
 Created By: Sherry M. Olson  
 Corresponding Filing Tracking Number:

Explanation for Combination/Other:  
 Submission Type: New Submission  
 Overall Rate Impact:

Deemer Date:  
 Submitted By: Sherry M. Olson

### Filing Description:

RE: Midland National Life Insurance Company

NAIC # 66044 FEIN # 46-0164570

Form 81-36 (10-12), Regular Issue Application for Life Insurance  
 Form 84-5 (10-12), Application for Life Insurance Part 2/Medical Examiner's Report  
 Form 81-47 (10-12), Application for Policy Reinstatement or Change  
 Form 81-37 (10-12), Guaranteed Issue Application for Individual Life Insurance

We are filing the above forms for review and approval. These are new forms; in some cases they will replace previously approved forms as listed below. The forms are laser printed and we reserve the right to change logos, company address, fonts and layouts. We certify the font size will never be less than the minimum 10 point required.

1. Form 81-36 (10-12) replaces Form 81-36 (10-09), which was approved 11/18/2009 (SERFF Tr#: NALH-126380103). This form will be used to apply for individual life policy forms when the application is submitted on a fully underwritten basis.

In addition to minor language changes, the primary differences to the previously approved version of the form are:

#### Page 1:

- Added brackets to the company logo at the top of page 1 and to the contact information at the bottom of page 1.
- Added the instruction "Name of Product" to question 6a.

#### Page 2:

- Changed the order of questions 12-20 and specifically revised language in:
- Question 15, to ask whether the applicant currently engages in or within the next two years intends to engage in the listed activities
- Question 16, to ask whether the applicant is currently a pilot, student pilot or crew member in any type of aircraft or within the next two years intends to become one.
- Question 17, to ask whether the proposed insured has pled guilty to a felony or misdemeanor (excluding traffic violations).
- Questions 18 and 19 are now separate questions and were previously sub-parts of the same question.
- Question 21, revised to specify whether the applicant's parent or siblings have a history of the listed items.
- Deleted the Home Office Endorsements box

#### Page 3:

- Revised the introduction to question 2 to include whether the applicant has been diagnosed or been given advice by a medical professional for the listed items.
- Question 2c, removed the reference to immune system and added new question 2d to ask about immune system disease or

**State:** Arkansas **Filing Company:** Midland National Life Insurance Company  
**TOI/Sub-TOI:** L08 Life - Other/L08.000 Life - Other  
**Product Name:** Form 81-36, 84-5, 81-37, 81-47 (10-12)  
**Project Name/Number:** Form 81-36, 84-5, 81-37, 81-47 (10-12)/Form 81-36, 84-5, 81-37, 81-47 (10-12)

disorders.

- Deleted previous question 2j regarding any injury, disease or illness not indicated above.
- Revised the introduction to question 3 to add "Excluding minor illnesses or minor injuries not requiring treatment"
- Question 3a, added a reference to diagnostic test
- Question 3c, limited question to within the last five years and added injury to list of items.
- Question 4, revised HIV question based on Interstate Compact standards.

Page 4:

- 1st paragraph – added "to the best of their knowledge and belief".
- 2nd paragraph – removed references to Home Office Endorsement; added "gender or benefits" to list of changes that require Owner's written consent.
- 4th paragraph – corrected Medical Information Bureau Inc to MIB Inc; added authorization to make a report of personal health information to MIB; added statement that no sales representative is authorized to accept risk, pass on insurability etc.
- Fraud Statement, revised to use Interstate Compact standard fraud statement.
- Added statement regarding individuals who are authorized to signed on behalf of entities.
- Deleted previous page 5, Agent's Report.

2. Form 84-5 (10-12) is a new form that will replaces Form 84-5 (4-05), which was approved on 5/13/2005 (SERFF TR#: USPH&#8722;6BUQT4747/00&#8722;00/00&#8722;00/00). This form will be used in conjunction with Form 81-36 (10-12) when a paramedical exam is performed as part of the underwriting process.

We completely reformatted this form compared to the previous version. The questions have been reformatted and expanded to two pages to improve the form's usability. We added a supplemental page 3 to record additional information that exceeds the space allowed on the first two pages. We also reformatted the Medical Examiner's Report page.

3. Form 81-37 (10-12) replaces Form 81-37 (4-10), which was approved on 6/15/2010 (SERFF Tr#: NALH-126639470). This form will be used to apply for individual life policy forms when the application is submitted on a guaranteed issue basis.

In addition to minor language changes, the primary differences to the previously approved version of the form are:

Page 1:

- Added brackets to the company logo at the top of page 1 and to the contact information at the bottom of page 1.
- Agreement section – added "to the best of their knowledge and belief"; removed references to Home Office Endorsement; added "gender or benefits" to list of changes that require Owner's written consent;
- Revised fraud statement to use Interstate Compact standard fraud statement.
- Added statement regarding individuals who are authorized to signed on behalf of entities.
- Deleted the Home Office Endorsements box

Page 2:

- Revised Premium column to specify "Life Policy Premium"
- Added column for "Annuity Rider Premium".

4. Form 81-47 (10-12) will replace Form 81-47 (10-09), which was approved on 11/18/2009 (SERFF Tr#: NALH-126380103). This form will be used to apply for changes to or reinstatements of existing Midland policies.

In addition to minor language changes, the primary differences to the previously approved version of the form are:

Page 1:

- Added brackets to the company logo at the top of page 1 and to the contact information at the bottom of page 1.
- Changed the order of questions 8-18 and specifically revised language in:

**State:** Arkansas **Filing Company:** Midland National Life Insurance Company  
**TOI/Sub-TOI:** L08 Life - Other/L08.000 Life - Other  
**Product Name:** Form 81-36, 84-5, 81-37, 81-47 (10-12)  
**Project Name/Number:** Form 81-36, 84-5, 81-37, 81-47 (10-12)/Form 81-36, 84-5, 81-37, 81-47 (10-12)

- Question 12, to ask whether the applicant currently engages in or within the next two years intends to engage in the listed activities
- Question 13, to ask whether the applicant is currently a pilot, student pilot or crew member in any type of aircraft or within the next two years intends to become one.
- Question 14, to ask whether the proposed insured has pled guilty to a felony or misdemeanor (excluding traffic violations).
- Questions 15 and 16 are now separate questions and were previously sub-parts of the same question.

## Page 2:

- Revised the introduction to question 2 to include whether the applicant has been diagnosed or been given advice by a medical professional for the listed items.
- Question 2c, removed the reference to immune system and added new question 2d to ask about immune system disease or disorders.
- Deleted previous question 2j regarding any injury, disease or illness not indicated above.
- Revised the introduction to question 3 to add "Excluding minor illnesses or minor injuries not requiring treatment"
- Question 3a, added a reference to diagnostic test
- Question 3c, limited question to within the last five years and added injury to list of items.
- Question 4, revised HIV question based on Interstate Compact standards.

## Page 3:

- 1st paragraph – added "to the best of their knowledge and belief".
- 2nd paragraph – removed references to Home Office Endorsement; added "gender or benefits" to list of changes that require Owner's written consent.
- 4th paragraph – corrected Medical Information Bureau Inc to MIB Inc; added authorization to make a report of personal health information to MIB; added statement that no sales representative is authorized to accept risk, pass on insurability etc.
- Revised fraud statement to use Interstate Compact standard fraud statement.
- Added statement regarding individuals who are authorized to signed on behalf of entities.
- Deleted the Home Office Endorsements box

Generally, these forms will be used to apply for individual life insurance policy forms available in the bank-, credit union- or corporate-owned life insurance market where they are designed for purchase in connection with non-qualified deferred compensation plans (employee compensation and benefit plans, key person insurance and insurance to cover the costs of providing pre- and post-retirement employee benefits). The employer/corporation is the owner, beneficiary and pays the premiums on policies covering employee/insureds.

For informational purposes, a Statement of Variability that provides the variable ranges and variable text for the bracketed information is attached to the Supporting Documents tab.

We reserve the right to have the forms completed electronically, including the use of electronic signatures, in compliance with the Uniform Electronic Transactions Act and/or the Federal ESIGN Act.

If you need any additional information to complete your review, please feel free to contact me at 800-283-5433, ext. 36223 or at [solson@sfgmembers.com](mailto:solson@sfgmembers.com)

Sincerely,

Sherry Olson  
Senior Contract Analyst  
Corporate Markets Center

State: Arkansas

Filing Company: Midland National Life Insurance Company

TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other

Product Name: Form 81-36, 84-5, 81-37, 81-47 (10-12)

Project Name/Number: Form 81-36, 84-5, 81-37, 81-47 (10-12)/Form 81-36, 84-5, 81-37, 81-47 (10-12)

Midland National Life Insurance Company

## Company and Contact

### Filing Contact Information

Sherry Olson, Senior Contract Analyst  
2000 44th St. South, Suite 300  
Fargo, ND 58103

solson@mnlife.com  
701-433-6223 [Phone]  
701-433-8223 [FAX]

### Filing Company Information

Midland National Life Insurance Company	CoCode: 66044	State of Domicile: Iowa
525 W. Van Buren Street	Group Code: 431	Company Type: Life and Annuity
Chicago, IL 60607	Group Name:	State ID Number:
(800) 800-3656 ext. [Phone]	FEIN Number: 46-0164570	

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$200.00
Retaliatory?	No
Fee Explanation:	\$50 per form x 4 forms
Per Company:	No

Company	Amount	Date Processed	Transaction #
Midland National Life Insurance Company	\$200.00	10/30/2012	64411306

State:	Arkansas	Filing Company:	Midland National Life Insurance Company
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other		
Product Name:	Form 81-36, 84-5, 81-37, 81-47 (10-12)		
Project Name/Number:	Form 81-36, 84-5, 81-37, 81-47 (10-12)/Form 81-36, 84-5, 81-37, 81-47 (10-12)		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/02/2012	11/02/2012

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Midland National Life Insurance Company
<b>TOI/Sub-TOI:</b>	L08 Life - Other/L08.000 Life - Other		
<b>Product Name:</b>	Form 81-36, 84-5, 81-37, 81-47 (10-12)		
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## Disposition

Disposition Date: 11/02/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Statement of Variability		Yes
Form	Regular Issue Application for Life Insurance		Yes
Form	Application Part 2/Medical Examiner's Report		Yes
Form	Guaranteed Issue Application		Yes
Form	Application for Policy Reinstatement or Change		Yes

State: Arkansas Filing Company: Midland National Life Insurance Company  
 TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other  
 Product Name: Form 81-36, 84-5, 81-37, 81-47 (10-12)  
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## Form Schedule

Lead Form Number:								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Regular Issue Application for Life Insurance	Form 81-36 (10-12)	AEF	Initial		50.800	Form 81-36 _10-12_.pdf
2		Application Part 2/Medical Examiner's Report	Form 84-5 (10-12)	AEF	Initial		56.100	Form 84-5 _10-12_combined.pdf
3		Guaranteed Issue Application	Form 81-37 (10-12)	AEF	Initial		50.300	Form 81-37 _10-12_app & census.pdf
4		Application for Policy Reinstatement or Change	Form 81-47 (10-12)	AEF	Initial		50.900	Form 81-47 _10-12_rev 10-22-12.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages





**Regular Issue**  
**Application for Life Insurance -- Part 1**

1. Name of Proposed Insured (First, Middle and Last)		Birth date	Birthplace	Sex	Marital Status
2. Residence Address (Street, City, State, Zip)		Social Security No.		Height ft. in.	Weight Lbs.
2a. Secondary Addressee (Name, Street, City, State, Zip)					
3. Occupation (Title and Duties)		Gross Annual Compensation \$		Telephone Numbers (Home) (Bus)	
4. Owner Name (If Trust, Name and Date of Trust)		Social Security or Tax ID No.			
Owner Address (Street, City, State, Zip)		Relationship to proposed Insured			
5a. Beneficiary		5b. Relationship			
6a. Plan Applied for (Name of Product)		6b. Sub-account (If Applicable)			
6c. Amount Applied for \$		6d. Death Benefit Option: <input type="checkbox"/> 1 Level <input type="checkbox"/> 2 Increasing <input type="checkbox"/> Other _____			
7. Changes to existing Midland policy # _____ Describe:		8. Additional Benefits:			
9a. Premium \$		9b. Premium Mode <input type="checkbox"/> Single <input type="checkbox"/> Annual <input type="checkbox"/> Other			
10. Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (complete appropriate questionnaire)					
11a. Do you have existing annuity contracts or life insurance policies? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes," complete 11b.)					

**11b. Policies in Force:**

Company	Face Amount	Indicate		Intention of Replacement or Change	
		Personal	Business		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**11c. Policies Applied for / Indicate Below or ☐ None:**

Company	Amount	Net Amount at Risk	Indicate	
			Personal	Business
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**MIDLAND NATIONAL LIFE INSURANCE COMPANY**  
 [PRINCIPAL OFFICE • WEST DES MOINES, IA 50266  
 CORPORATE MARKETS CENTER • 2000 44<sup>TH</sup> STREET SOUTH, STE. 300 • FARGO, ND 58103  
 PHONE (800) 283-5433 • FAX: (701) 433-8596]

**Application for Life Insurance -- Part 1,  
Evidence of Insurability**

Provide details for all "Yes" answers to questions 12-20 below.

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	12. Have you ever used:	<input type="checkbox"/>	<input type="checkbox"/>	16. Are you currently a pilot, student pilot or crew member in any type of aircraft or within the next two years do you intend to become a pilot, student pilot, or crew member in any type of aircraft? <b>(If "Yes", complete appropriate questionnaire.)</b>
<input type="checkbox"/>	<input type="checkbox"/>	a) Cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	17. Except for traffic violations, have you ever pled guilty to or been convicted of a felony or misdemeanor?
		Date last used: _____			
<input type="checkbox"/>	<input type="checkbox"/>	b) Other nicotine products?	<input type="checkbox"/>	<input type="checkbox"/>	18. Within the past five years, have you been convicted of or pled guilty to any moving violations?
		Date last used: _____	<input type="checkbox"/>	<input type="checkbox"/>	19. Have you ever pled guilty to or been convicted of driving while under the influence of alcohol or drugs?
<input type="checkbox"/>	<input type="checkbox"/>	13. Have you ever had an application for insurance declined, postponed or rated?	<input type="checkbox"/>	<input type="checkbox"/>	20. Your driver's license #: _____
<input type="checkbox"/>	<input type="checkbox"/>	14. Do you intend to travel outside the U.S. or Canada within the next 2 years? <b>(If "Yes", complete appropriate questionnaire.)</b>			State: _____
<input type="checkbox"/>	<input type="checkbox"/>	15. Do you currently engage in or within the next two years do you intend to engage in aviation related sports, powered or competitive vehicle racing, sky or scuba diving, mountain climbing, or any other hazardous sport or activity? <b>(If "Yes", complete appropriate questionnaire.)</b>			

**Details for questions 12-20 (include dates):**

Question Number	Date	Details

21. ☐ Yes    ☐ No    Do your parents or siblings have a history of heart disease, cancer, high blood pressure, diabetes, hemophilia, Huntington's chorea, polycystic kidney disease, or any congenital disorder? If "Yes," give details, including relationship, condition, current age, or age at death.

Relationship to Proposed Insured	Condition	Current Age	Age at Death

**Application for Life Insurance – Part 1,  
Evidence of Insurability**

1a. Name and address of Personal Physician:	
1b. Date and reason last consulted:	
1c. Name and Address of physician <b>most recently</b> consulted if different than above:	
1d. Date and reason for most recent consultation:	
1e. List any currently prescribed medications:	
<div>           2. Have you ever had or been treated, diagnosed or been given advice by a medical professional for:            Yes    No         </div> <div style="margin-left: 20px;"> <input type="checkbox"/> <input type="checkbox"/> a. Elevated cholesterol, high blood pressure, transient ischemic attack (TIA), stroke or circulation disorder?  <input type="checkbox"/> <input type="checkbox"/> b. Chest pain, heart attack, heart murmur, irregular heart rate, or other disease or disorder of the heart?  <input type="checkbox"/> <input type="checkbox"/> c. Cancer, tumor, polyp or blood disease or disorder?  <input type="checkbox"/> <input type="checkbox"/> d. Immune system disease or disorder, except those related to the Human Immunodeficiency Virus (AIDS virus)?  <input type="checkbox"/> <input type="checkbox"/> e. Diabetes, kidney, or urinary disease or disorder?  <input type="checkbox"/> <input type="checkbox"/> f. Crohn's disease, colitis, ulcer, diverticulitis, hepatitis, or any disease of the esophagus or liver?  <input type="checkbox"/> <input type="checkbox"/> g. Sleep apnea, asthma, emphysema, lung or respiratory disease or disorder?  <input type="checkbox"/> <input type="checkbox"/> h. Depression, mental illness, anxiety or seizure disorder?  <input type="checkbox"/> <input type="checkbox"/> i. Breast, uterus, ovaries, testicles or prostate disease or disorder, or sexually transmitted diseases?  <input type="checkbox"/> <input type="checkbox"/> j. Arthritis, lupus, fibromyalgia or other skin, bone, joint or muscle disease or disorder?         </div> <div style="margin-top: 10px;">           3. Excluding minor illnesses or minor injuries not requiring treatment, other than above, have you ever:         </div> <div style="margin-left: 20px;"> <input type="checkbox"/> <input type="checkbox"/> a. Within the last five years, consulted any other physician or medical practitioner, or had a diagnostic test, such as an electrocardiogram (EKG), chest X-ray, laboratory test or other study?  <input type="checkbox"/> <input type="checkbox"/> b. Within the last five years, received medical treatment or advice, including medication, or been hospitalized or had surgery?  <input type="checkbox"/> <input type="checkbox"/> c. Within the last five years, applied for, or received benefits, because of injury, accident, sickness, or disability?  <input type="checkbox"/> <input type="checkbox"/> d. Sought or received treatment for, or been arrested for, the use of alcohol, marijuana, or drugs?  <input type="checkbox"/> <input type="checkbox"/> e. Used narcotics, cocaine, LSD, marijuana, amphetamines, or barbiturates, unless administered on the advice of a physician?         </div> <div style="margin-top: 10px;">           4. Have you ever:         </div> <div style="margin-left: 20px;"> <input type="checkbox"/> <input type="checkbox"/> Been diagnosed by a member of the medical profession or tested positive for Human Immunodeficiency Virus (AIDS virus) or Acquired Immune Deficiency Syndrome (AIDS)?         </div>	

**5. Details for questions 2-4. Give details for each YES answer.**

Question Number	Condition/Diagnosis	Approximate Dates/Duration	Treatment	Physician Name & Address

## Agreement and Authorization

Each person who signs below represents and agrees that the statements and answers recorded on this application are given to obtain this insurance and are to the best of their knowledge and belief, true, complete, and correctly recorded. Fraud or material misrepresentation in the application will make this agreement invalid, and Midland National Life Insurance Company's (the "Company") only liability shall be to refund any advance payment made.

The Company will have no liability unless: (a) the application is approved; (b) the first full premium is paid; and (c) the policy is issued and the Owner accepts it. This must be during the lifetime of any person proposed for insurance; also, his or her eligibility and health must remain as described in the application. If these requirements are met, insurance will be in effect on the policy effective date. By accepting the policy, the Owner consents to any changes or corrections made by the Company, except that changes in the insurance amount, the risk class, the insurance plan, gender or benefits will be made only with the Owner's written consent. Each person who signs below acknowledges that he or she has read and understands this application and has received copies of the Fair Credit Reporting Act Notification, Notice of Insurance Information Practices, and the Medical Information Bureau Notification.

Insurance products and annuities are not a deposit or other obligation of, or guaranteed by a bank, any affiliate of a bank, or savings association, and are not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States, a bank, any affiliate of a bank, or savings association, and involve investment risk, including possible loss of value. The approval or disapproval of any extension of credit by the bank or an affiliate is not based on whether or not this insurance is purchased through the bank or through any particular source.

I authorize any physician, medical practitioner, hospital, clinic, other medical or medically related facility, insurance or reinsuring company, MIB, Inc (MIB), consumer reporting agency, or employer having information available as to diagnosis, treatment, and prognosis with respect to any physical or mental condition and/or treatment of me and any information as to employment, other insurance coverage, or other non-medical information about me to give to the Company or its reinsurers, any and all such information. I authorize Midland National, or its reinsurers, to make a brief report of my personal health information to MIB. I authorize all of these sources, except MIB, to give records or knowledge to any agency that the Company employs to collect and transmit such information. The Company will not release any information to any person or organization **except** to reinsuring companies, MIB, or other persons or organizations performing business or legal services in connection with my application or claim, or as may be otherwise lawfully required or as I may authorize later. I understand that I may request to be interviewed in connection with the preparation of an investigative consumer report. I understand that I am entitled to receive a copy of the investigative consumer report upon request. I understand that I may request a copy of this authorization and that a photographic copy will be as valid as the original, and either shall remain in effect for a period of two years from the date signed. I have the right to revoke this authorization by notifying the Company in writing. The Company may rely on my authorization prior to receiving my notice of revocation. I understand that no sales representative has the Company's authorization to accept risk, pass on insurability, or make or void, save or change any conditions or provisions of the application, policy or receipt, as applicable.

**TAXPAYER IDENTIFICATION NUMBER CERTIFICATION** – Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and I am not subject to back up withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

**FRAUD STATEMENT** – Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Authorized individuals are signing on behalf of the entity purchasing the life insurance and each individual is authorized and empowered to individually or collectively enter into contracts and financial transactions including the purchase of life insurance. The entity is duly organized and existing in compliance with all laws and regulations. The entity shall notify the Company in writing of a change in or revocation of authorized individuals. The authorized individuals and the entity agree to indemnify the Company for liability of any kind arising out of any acts or omissions taken by the Company upon their instructions and in reliance on their representations to the Company in connection with the policy.

Signature of Proposed Insured \_\_\_\_\_ Date \_\_\_\_\_ Signed at \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner (If Owner is corporation, trust or other entity, include title of signee.)

## Agent certification

(1) To the best of my knowledge and belief, the answers given to the questions in this application are full, complete, and true, and there is nothing adversely affecting the insurability of any person proposed for insurance, except as stated in this application; (2) that I gave the Medical Information Bureau Notification, Notice of Insurance Information Practices and Fair Credit Reporting Act Notification to the Proposed Insured; and (3) to the best of my knowledge and belief, the applicant ☐ **does** ☐ **does not** have any existing life insurance or annuities; and the insurance applied for ☐ **does** ☐ **does not** replace existing insurance.

*Signature of Agent*
*Date*
*Agent's No.*

Proposed Insured			Birth Date		
First name	Middle initial	Last name	Month	Day	Year

First name

Middle initial

Last name

Month

Day

Year

**1a. Do you have a personal physician or belong to an HMO or clinic?** ☐ Yes ☐ No If so, please provide information below:

Name: \_\_\_\_\_

Address:

Date last seen: Reason:

Treatment:

**b. Physician most recently consulted, if different than above:**

Name: \_\_\_\_\_

Address:

Date last seen: Reason:

Treatment:

**2. Have you ever used:**

	Yes	No
1. The company has a policy on sexual harassment.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. The company has a policy on discrimination.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. The company has a policy on equal opportunity.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. The company has a policy on affirmative action.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. The company has a policy on diversity.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. The company has a policy on employee relations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. The company has a policy on safety.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. The company has a policy on health.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. The company has a policy on environment.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. The company has a policy on community relations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. The company has a policy on public relations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. The company has a policy on media relations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. The company has a policy on crisis management.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. The company has a policy on risk management.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. The company has a policy on legal compliance.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16. The company has a policy on ethics.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. The company has a policy on corporate governance.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18. The company has a policy on shareholder relations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19. The company has a policy on investor relations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20. The company has a policy on financial reporting.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21. The company has a policy on tax compliance.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22. The company has a policy on accounting.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23. The company has a policy on internal control.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
24. The company has a policy on information security.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
25. The company has a policy on data protection.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26. The company has a policy on privacy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27. The company has a policy on intellectual property.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28. The company has a policy on trademark.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
29. The company has a policy on patent.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
30. The company has a policy on copyright.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31. The company has a policy on trade secret.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32. The company has a policy on confidentiality.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33. The company has a policy on non-disclosure.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34. The company has a policy on anti-trust.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35. The company has a policy on competition law.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36. The company has a policy on consumer protection.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37. The company has a policy on product liability.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38. The company has a policy on warranty.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
39. The company has a policy on recall.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40. The company has a policy on quality control.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
41. The company has a policy on standardization.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
42. The company has a policy on certification.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
43. The company has a policy on accreditation.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44. The company has a policy on registration.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
45. The company has a policy on licensing.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
46. The company has a policy on franchising.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47. The company has a policy on joint venture.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48. The company has a policy on partnership.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49. The company has a policy on merger.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50. The company has a policy on acquisition.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
51. The company has a policy on takeover.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
52. The company has a policy on divestiture.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
53. The company has a policy on spin-off.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
54. The company has a policy on liquidation.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
55. The company has a policy on bankruptcy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
56. The company has a policy on reorganization.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
57. The company has a policy on restructuring.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
58. The company has a policy on consolidation.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
59. The company has a policy on amalgamation.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60. The company has a policy on absorption.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
61. The company has a policy on integration.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
62. The company has a policy on synergy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
63. The company has a policy on collaboration.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
64. The company has a policy on cooperation.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
65. The company has a policy on alliance.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
66. The company has a policy on consortium.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
67. The company has a policy on joint project.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
68. The company has a policy on co-branding.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
69. The company has a policy on co-development.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70. The company has a policy on co-marketing.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
71. The company has a policy on co-distribution.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
72. The company has a policy on co-sales.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
73. The company has a policy on co-manufacturing.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
74. The company has a policy on co-innovation.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
75. The company has a policy on co-research.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
76. The company has a policy on co-funding.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
77. The company has a policy on co-investment.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
78. The company has a policy on co-ownership.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
79. The company has a policy on co-management.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80. The company has a policy on co-decision.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
81. The company has a policy on co-voting.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
82. The company has a policy on co-governance.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
83. The company has a policy on co-supervision.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
84. The company has a policy on co-audit.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
85. The company has a policy on co-reporting.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
86. The company has a policy on co-disclosure.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
87. The company has a policy on co-compliance.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
88. The company has a policy on co-ethics.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
89. The company has a policy on co-corporate governance.		

☐ ☐ a. Cigarettes?

b. Date last used:

☐ ☐ c. Other nicotine products?

d. Date last used:

**If your answer is “yes” to any of the following questions, circle applicable item and explain in area provided (#10).**

**3. Have you ever been treated, diagnosed or been given advice by a medical professional for:**

	Yes	No
1. Do you have a current driver's license?		
2. Do you have a current vehicle insurance policy?		
3. Do you have a current vehicle registration?		
4. Do you have a current vehicle inspection sticker?		
5. Do you have a current vehicle title?		
6. Do you have a current vehicle sales tax receipt?		
7. Do you have a current vehicle license plate?		
8. Do you have a current vehicle title transfer fee receipt?		
9. Do you have a current vehicle title transfer fee receipt?		
10. Do you have a current vehicle title transfer fee receipt?		
11. Do you have a current vehicle title transfer fee receipt?		
12. Do you have a current vehicle title transfer fee receipt?		
13. Do you have a current vehicle title transfer fee receipt?		
14. Do you have a current vehicle title transfer fee receipt?		
15. Do you have a current vehicle title transfer fee receipt?		
16. Do you have a current vehicle title transfer fee receipt?		
17. Do you have a current vehicle title transfer fee receipt?		
18. Do you have a current vehicle title transfer fee receipt?		
19. Do you have a current vehicle title transfer fee receipt?		
20. Do you have a current vehicle title transfer fee receipt?		

☐ ☐ a. Depression, stress disorders, anxiety disorders, or any other brain, nervous, mental or emotional disorder?

☐ ☐ b. Disorder of eyes, ears, nose, or throat?

☐ ☐ c. Dizziness, fainting, seizures, headache, narcolepsy, paralysis or stroke?

☐ ☐ d. Sleep apnea, shortness of breath, persistent hoarseness or cough, blood spitting, bronchitis, pleurisy, asthma, emphysema, tuberculosis or chronic respiratory disorder?

☐ ☐ e. Chest pain, palpitation, high blood pressure, irregular heartbeat, rheumatic fever, heart murmur, heart attack or other disorder of the heart or blood vessels?

☐ ☐ f. Abdominal pain, ulcer, colitis, cirrhosis, hepatitis, recurrent diarrhea, intestinal bleeding, or any other disease of the liver, gallbladder, pancreas, stomach, or intestines?

☐ ☐ g. Sugar, albumin, blood or pus in urine, venereal disease, stone or other disorder of kidney, bladder, prostate or reproductive organs?

☐ ☐ h. Diabetes, thyroid disorder, or disorder or any other glands?

☐ ☐ i. Neuritis, arthritis, lupus, fibromyalgia, or any disorder of the muscles bones, or spine?

☐ ☐ j. Disorder of the skin or lymph glands?

☐ ☐ k. Cyst, tumor or cancer, or polyp?

☐ ☐ I. Anemia, leukemia, disorder of the blood, or other immune system disorder not related to HIV?

**4. Other than above, have you within the past 5 years:**

	Yes	No
1. Do you have a current, valid driver's license?		
2. Do you have a current, valid vehicle registration?		
3. Do you have a current, valid insurance policy?		
4. Do you have a current, valid title?		
5. Do you have a current, valid sales tax certificate?		
6. Do you have a current, valid license plate?		
7. Do you have a current, valid title transfer fee?		
8. Do you have a current, valid license plate fee?		
9. Do you have a current, valid title transfer fee?		
10. Do you have a current, valid license plate fee?		

- ☐ ☐ a. Consulted or been advised to consult a physician, psychiatrist, psychologist, therapist, counselor or other health care practitioner (include regular checkups)?
- ☐ ☐ b. Had any illness, surgery, or been treated or evaluated at a hospital, emergency room or any other health care facility?
- ☐ ☐ c. Had an EKG, x-ray, stress test, CT scan, MRI, echocardiogram, angiography, blood studies or any other diagnostic test?
- ☐ ☐ d. Been advised to have any test, hospitalization, or surgery that was not completed?
- ☐ ☐ e. Had military service deferment, rejection or discharge because of an injury, sickness or disability?
- ☐ ☐ f. Requested or received a pension, benefits, or payments because of an injury, accident, sickness or disability?

**Yes No**

5. Do your parents or natural siblings have a history of tuberculosis, congenital disorder, diabetes, cancer, high blood pressure, heart or kidney disease, mental illness or suicide? ..... ☐ ☐
6. Have you ever been treated or counseled for use of alcohol or drugs? ..... ☐ ☐
7. Are you now under observation or treatment, or taking any prescribed or non-prescribed medication or supplement?..... ☐ ☐
8. Have you had any change in weight in the past year?..... ☐ ☐
9. Have you ever been diagnosed by a member of the medical profession or tested positive for Human Immunodeficiency Virus (AIDS virus) or Acquired Immune Deficiency Syndrome (AIDS)?..... ☐ ☐

**10. Details for questions 2-9:** (Include names of medical professionals, addresses, dates, diagnosis & treatment. Attach Supplement A if necessary.)

Question Number	Date	Details

## Family History

Relative	Health History	Age if Living	Age at Death	Cause of Death
Father				
Mother				
Sibling(s)				

I have read the statements and answers recorded on this Application Part 2. They are to the best of my knowledge and belief, true complete, and correctly recorded. I agree they will become part of this application and any policy issued on it.

Signed at \_\_\_\_\_  
City State

Date: \_\_\_\_\_

**Witness Signature**

**Proposed Insured Signature**

## Supplement A to Application for Life Insurance - Part 2

**Proposed Insured** \_\_\_\_\_ **Birth Date** \_\_\_\_\_  
 First name Middle initial Last name Month Day Year

Question Number	Date	Details <i>(Include names of medical professionals, addresses and dates, diagnosis &amp; treatment.)</i>

\_\_\_\_\_  
**Witness Signature**

\_\_\_\_\_  
**Proposed Insured Signature**

Date: \_\_\_\_\_

11a. Height (In shoes)	Weight (Clothed)	Chest (Full Inspiration)	Chest (Forced Expiration)	Abdomen, at Umbilicus	b. Did you weigh? c. Did you measure? d. Is appearance unhealthy or older than stated age?	Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ft. in.	lbs.	in.	in.	in.		
12. Blood Pressure (Record ALL readings)			1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	13. Pulse
Systolic						Rate
Diastolic 5 <sup>th</sup> phase						Irregularities per min
						At Rest
						After Exercise
						3 Minutes Later
14. Heart: Is there any: Enlargement <input type="checkbox"/> Yes <input type="checkbox"/> No Murmur(s) <input type="checkbox"/> Yes <input type="checkbox"/> No Dyspnea <input type="checkbox"/> Yes <input type="checkbox"/> No Edema <input type="checkbox"/> Yes <input type="checkbox"/> No						Comments or explanations:
1 <sup>st</sup> Murmur		2 <sup>nd</sup> Murmur				
Location						
Constant	<input type="checkbox"/>		<input type="checkbox"/>			
Inconstant	<input type="checkbox"/>		<input type="checkbox"/>			
Transmitted	<input type="checkbox"/>		<input type="checkbox"/>			
Localized	<input type="checkbox"/>		<input type="checkbox"/>			
Systolic	<input type="checkbox"/>		<input type="checkbox"/>			
Presystolic	<input type="checkbox"/>		<input type="checkbox"/>			
Diastolic	<input type="checkbox"/>		<input type="checkbox"/>			
Soft (Gr. 1-2)	<input type="checkbox"/>		<input type="checkbox"/>			
Mod. (Gr. 3-4)	<input type="checkbox"/>		<input type="checkbox"/>			
Loud (Gr. 5-6)	<input type="checkbox"/>		<input type="checkbox"/>			
After exercise:	<input type="checkbox"/>		<input type="checkbox"/>			
Increased	<input type="checkbox"/>		<input type="checkbox"/>			
Absent	<input type="checkbox"/>		<input type="checkbox"/>			
Unchanged	<input type="checkbox"/>		<input type="checkbox"/>			
Decreased	<input type="checkbox"/>		<input type="checkbox"/>			
15. Is there on examination any abnormality of the following: (Circle applicable items and give details.)						Yes No
a. Eyes, ears, nose, mouth, pharynx?.....						<input type="checkbox"/> <input type="checkbox"/>
(If vision or hearing markedly impaired, indicate degree and correction).						
b. Skin (incl. scars); lymph nodes; varicose veins or peripheral arteries?.....						<input type="checkbox"/> <input type="checkbox"/>
c. Nervous system (include reflexes, gait, paralysis)?.....						<input type="checkbox"/> <input type="checkbox"/>
d. Respiratory system?.....						<input type="checkbox"/> <input type="checkbox"/>
e. Abdomen (include scars)?.....						<input type="checkbox"/> <input type="checkbox"/>
f. Genitourinary system (include prostate)?.....						<input type="checkbox"/> <input type="checkbox"/>
g. Endocrine system (include thyroid and breasts)?.....						<input type="checkbox"/> <input type="checkbox"/>
<b>To be completed by either the medical or paramedical examiner.</b>						
1. Has the Proposed Insured ever consulted you professionally?.....						<input type="checkbox"/> <input type="checkbox"/>
2. Are you related in any way to Proposed Insured or Agent?.....						<input type="checkbox"/> <input type="checkbox"/>
3. Are you a business associate of the Proposed Insured or Agent?.....						<input type="checkbox"/> <input type="checkbox"/>
If yes, which one and how associated?.....						<input type="checkbox"/> <input type="checkbox"/>
4. Are you aware of any additional information which might have a bearing upon the Proposed Insured's insurability?.....						<input type="checkbox"/> <input type="checkbox"/>
<b>Send Urine Specimen to Laboratory in Container Provided. If Blood Specimen is Required, Send to Laboratory in Kit Provided.</b>						
Other Services Performed With This Examination:						Is urine specimen being sent to laboratory? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Resting EKG <input type="checkbox"/> Chest X-ray <input type="checkbox"/> Venipuncture						Is person examined menstruating? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Treadmill EKG <input type="checkbox"/> DBS <input type="checkbox"/> Other _____						
I certify that I made this examination at _____ A.M. _____ P.M. on the _____ day of _____.				Examination made at <input type="checkbox"/> my office <input type="checkbox"/> Individual's Place of Business <input type="checkbox"/> Individual's Residence <input type="checkbox"/> Other		
Examiner's Signature				Tax ID or SSN (IMPORTANT: Payment cannot be made without number):		
Examiner's Name (Print Full Name)				Examination Authorized By (Name of Agent – Please Print)		
Examiner's Address (Street, City, State, Zip)				Examiner's Telephone Number ( )		



1. Owner Name (If Trust, Name and Date of Trust)		2. Tax ID No.	
3. Owner Address (Street, City, State, Zip)		4. Billing Address (if different from Owner address)	
3a. Secondary Addressee (Name, Street, State, City, Zip)			
5. Beneficiary			
6a. Will this insurance replace or change any existing life insurance or annuity? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes," give name of company.)			
6b. Does the Owner have any existing life insurance or annuity contracts? <input type="checkbox"/> No <input type="checkbox"/> Yes			
7. Changes to an existing policy <input type="checkbox"/> No <input type="checkbox"/> Yes; if Yes, <input type="checkbox"/> Change in plan <input type="checkbox"/> Other _____			
8a. Plan applied for (Name of Product)		8b. Sub-account (If Applicable)	
8d. Death Benefit Option <input type="checkbox"/> 1 Level <input type="checkbox"/> 2 Increasing <input type="checkbox"/> See Census <input type="checkbox"/> Other		8e. Premium Mode <input type="checkbox"/> Single <input type="checkbox"/> Annual <input type="checkbox"/> Other	
8c. Additional Benefits			
<b>Agreement</b>			

Each person who signs below acknowledges and agrees that this application is made to Midland National Life Insurance Company ("the Company") for individual policies of life insurance on the lives of individuals specified on the Census, and that all statements made in the application are, to the best of their knowledge and belief, true, complete and correctly recorded. The application includes this part and its attached Census and any amendments or endorsements. The Company will have no liability unless: (a) the application is approved; (b) the first full premium is paid; and (c) the policy is issued and the Owner accepts it. This must be during the lifetime of any person proposed for insurance; also, his or her eligibility must remain as described in the application. If these conditions are met, insurance will be in effect on the policy effective date. By accepting the policy, the Owner consents to any changes or corrections made by the Company, except that changes in the insurance amount, the risk class, the insurance plan, gender or benefits will be made only with the Owner's written consent. Each person who signs below acknowledges that he or she has read and understands this application. I understand that no sales representative has the Company's authority to accept risk, pass on insurability, or make or void, save or change any conditions or provisions of the application, policy or receipt as applicable.

Insurance products and annuities are not a deposit or other obligation of, or guaranteed by a bank, any affiliate of a bank, or savings association, and are not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States, a bank, any affiliate of a bank, or savings association, and involve investment risk, including possible loss of value. The approval or disapproval of any extension of credit by the bank or an affiliate is not based on whether or not this insurance is purchased through the bank or through any particular source.

**TAXPAYER IDENTIFICATION NUMBER CERTIFICATION** – Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and I am not subject to back up withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Authorized individuals are signing on behalf of the entity purchasing the life insurance and each individual is authorized and empowered to individually or collectively enter into contracts and financial transactions including the purchase of life insurance. The entity is duly organized and existing in compliance with all laws and regulations. The entity shall notify the Company in writing of a change in or revocation of authorized individuals. The authorized individuals and the entity agree to indemnify the Company for liability of any kind arising out of any acts or omissions taken by the Company upon their instructions and in reliance on their representations to the Company in connection with the policy.

**FRAUD STATEMENT** – Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Signed at

City

State

Signature of Owner

Title of Owner

Date

**Agent certification**

(1) To the best of my knowledge and belief, the answers given to the questions in this application are full, complete, and true, and there is nothing adversely affecting the insurability of any person proposed for insurance, except as stated in this application; and (2) to the best of my knowledge and belief the insurance applied for ☐ **does** ☐ **does not** replace existing insurance.

Signature of Agent

Date

Agent's No.

**MIDLAND NATIONAL LIFE INSURANCE COMPANY**  
 PRINCIPAL OFFICE • WEST DES MOINES, IA 50266  
 CORPORATE MARKETS CENTER • 2000 44<sup>TH</sup> STREET SOUTH, STE. 300 • FARGO, ND 58103  
 PHONE (800) 283-5433 • FAX: (701) 433-8596

Date of Hire or Appointment (mm/dd/yyyy)	Proposed Insured (Last, First, Middle)	Sex	Date of Birth (mm/dd/yyyy)	SSN#	Nicotine use in past 12 months*	Amount Applied For	Life Policy Premium	Death Benefit Option	Annuity Rider Premium	Title If Director, provide occupation	Salary If Director, provide fee compensation	U.S. Citizen (Y or N)
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\*In the past 12 months, has the proposed Insured smoked one or more cigarettes or used any other tobacco/nicotine products? Indicate Y or N.

I represent that, to the best of my knowledge and belief:

1. In the past 90 days each Proposed Insured has worked at least 30 hours per week for the sponsoring employer, at the usual place of business with the customary duties, except as disclosed in the Details section.
2. Each Proposed Insured while employed by the sponsoring employer has not missed more than five consecutive days of work due to illness or injury in the past 90 days, except as disclosed in the Details section.
- 3a. The sponsoring employer keeps employment records and can certify the accuracy of statements #1 and #2.
- 3b. The sponsoring employer agrees that these employment records will be made available to Midland National Life Insurance Company upon request either now or at any time in the future.
4. No other application for life insurance is pending or contemplated for any Proposed Insured by the sponsoring employer and owner with this or any other company, except as disclosed in the Details section.

Details:

--

I have reviewed the census information and statements #1 through #4 and agree this information is accurate.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Application for  
Policy Reinstatement or Change**

1. Name of Insured (First, Middle and Last)				Birth date		Birthplace		Sex		Marital Status	
2. Residence Address (Street, City, State, Zip)						Social Security No.		Height ft. in.		Weight lbs.	
3. Policy Number		4. Occupation / Title and Gross Annual Compensation \$				Telephone # (home): (business):					
5a. Owner Name and Address				5b. Social Security or Tax ID No.							
				5c. Relationship to Proposed Insured							
6. Policy Change requested: <input type="checkbox"/> Reconsideration of Rate Class <input type="checkbox"/> Reinstatement <input type="checkbox"/> Other: _____											
7. Life Insurance and annuities in force and pending: If None, check here: <input type="checkbox"/>											
Company	Policy #	Personal or Business	Pending	Issue Year	Benefit Amount	ADB Amount	WP Amount	Intention of Replacement or Change			
			<input type="checkbox"/>					<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N			

Provide details for all "Yes" answers to questions 8-18 below.

<table style="width:100%;"> <tr> <td style="width:10%;">Yes</td> <td style="width:10%;">No</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>8. Are you a U.S. citizen? (If "No", complete appropriate questionnaire.)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>9. Have you ever used:</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>a) Cigarettes? Date last used: _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>b) Other nicotine products? Date last used: _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>10. Have you ever had an application for insurance declined, postponed or rated?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>11. Do you intend to travel outside the U.S. or Canada within the next 2 years? (If "Yes", complete appropriate questionnaire.)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>12. Do you currently engage in or within the next two years do you intend to engage in aviation related sports, powered or competitive vehicle racing, sky or scuba diving, mountain climbing, or any other hazardous sport or activity? (If "Yes", complete appropriate questionnaire.)</td> </tr> </table>	Yes	No		<input type="checkbox"/>	<input type="checkbox"/>	8. Are you a U.S. citizen? (If "No", complete appropriate questionnaire.)	<input type="checkbox"/>	<input type="checkbox"/>	9. Have you ever used:	<input type="checkbox"/>	<input type="checkbox"/>	a) Cigarettes? Date last used: _____	<input type="checkbox"/>	<input type="checkbox"/>	b) Other nicotine products? Date last used: _____	<input type="checkbox"/>	<input type="checkbox"/>	10. 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**Details for questions 8-18:**

**Application for Policy Reinstatement or Change  
Evidence of Insurability**

1a. Name and address of Personal Physician:   1b. Date and reason last consulted:	
1c. Name and Address of physician <b>most recently</b> consulted if different than above:   1d. Date and reason for most recent consultation:	
1e. List any currently prescribed medications:	
2. Have you ever had or been treated, diagnosed or been given advice by a medical professional for: Yes    No <input type="checkbox"/> <input type="checkbox"/> a. Elevated cholesterol, high blood pressure, transient ischemic attack (TIA), stroke or circulation disorder? <input type="checkbox"/> <input type="checkbox"/> b. Chest pain, heart attack, heart murmur, irregular heart rate, or other disease or disorder of the heart? <input type="checkbox"/> <input type="checkbox"/> c. Cancer, tumor, polyp or blood disease or disorder? <input type="checkbox"/> <input type="checkbox"/> d. Immune system disease or disorder, except those related to the Human Immunodeficiency Virus (AIDS virus)? <input type="checkbox"/> <input type="checkbox"/> e. Diabetes, kidney, or urinary disease or disorder? <input type="checkbox"/> <input type="checkbox"/> f. Crohn's disease, colitis, ulcer, diverticulitis, hepatitis, or any disease of the esophagus or liver? <input type="checkbox"/> <input type="checkbox"/> g. Sleep apnea, asthma, emphysema, lung or respiratory disease or disorder? <input type="checkbox"/> <input type="checkbox"/> h. Depression, mental illness, anxiety or seizure disorder? <input type="checkbox"/> <input type="checkbox"/> i. Breast, uterus, ovaries, testicles or prostate disease or disorder, or sexually transmitted diseases? <input type="checkbox"/> <input type="checkbox"/> j. Arthritis, lupus, fibromyalgia or other skin, bone, joint or muscle disease or disorder?  3. Excluding minor illnesses and minor injuries not requiring treatment, other than above, have you ever: <input type="checkbox"/> <input type="checkbox"/> a. Within the last five years, consulted any other physician or medical practitioner, or had a diagnostic test, such as an electrocardiogram (EKG), chest X-ray, laboratory test or other study? <input type="checkbox"/> <input type="checkbox"/> b. Within the last five years, received medical treatment or advice, including medication, or been hospitalized or had surgery? <input type="checkbox"/> <input type="checkbox"/> c. Within the last five years, applied for, or received benefits, because of injury, accident, sickness, or disability? <input type="checkbox"/> <input type="checkbox"/> d. Sought or received treatment for, or been arrested for, the use of alcohol, marijuana, or drugs? <input type="checkbox"/> <input type="checkbox"/> e. Used narcotics, cocaine, LSD, marijuana, amphetamines, or barbiturates, unless administered on the advice of a physician?  4. Have you ever: <input type="checkbox"/> <input type="checkbox"/> Been diagnosed by a member of the medical profession or tested positive for Human Immunodeficiency Virus (AIDS virus) or Acquired Immune Deficiency Syndrome (AIDS)?	

**5. Details for questions 2-4. Give details for each YES answer.**

Question Number	Condition/Diagnosis	Approximate Dates/Duration	Treatment	Physician Name & Address

## Agreement and Authorization

Each person who signs below represents and agrees that the statements and answers recorded on this application are given to obtain this insurance and are to the best of their knowledge and belief, true, complete, and correctly recorded. Fraud or material misrepresentation in the application will make this agreement invalid, and Midland National Life Insurance Company's (the "Company") only liability shall be to refund any advance payment made.

It is agreed that the Policy will not be reinstated or a change will not be effected, and the Company will have no liability until: (a) this application is approved; and (b) all money required for reinstatement and/or change has been paid. This must be during the lifetime of any person proposed for insurance; also, his or her eligibility and health must remain as described in this application. If these requirements are met, insurance will be in effect on the effective date of the reinstatement or change. By accepting the reinstated policy or changed policy, the Owner consents to any changes or corrections made by the Company, except that changes in the insurance amount, the risk class, the insurance plan, gender or benefits will be made only with the Owner's written consent. Each person who signs below acknowledges that he or she has read and understands this application and has received copies of the Fair Credit Reporting Act Notification, Notice of Insurance Information Practices, and the Medical Information Bureau Notification.

I authorize any physician, medical practitioner, hospital, clinic, other medical or medically related facility, insurance or reinsuring company, MIB, Inc (MIB), consumer reporting agency, or employer having information available as to diagnosis, treatment, and prognosis with respect to any physical or mental condition and/or treatment of me and any information as to employment, other insurance coverage, or other non-medical information about me to give to the Company or its reinsurers, any and all such information. I authorize Midland National, or its reinsurers, to make a brief report of my personal health information to MIB. I authorize all of these sources, except MIB, to give records or knowledge to any agency that the Company employs to collect and transmit such information. The Company will not release any information to any person or organization **except** to reinsuring companies, MIB, or other persons or organizations performing business or legal services in connection with my application or claim, or as may be otherwise lawfully required or as I may authorize later. I understand that I may request to be interviewed in connection with the preparation of an investigative consumer report. I understand that I am entitled to receive a copy of the investigative consumer report upon request. I understand that I may request a copy of this authorization and that a photographic copy will be as valid as the original, and either shall remain in effect for a period of two years from the date signed. I have the right to revoke this authorization by notifying the Company in writing. The Company may rely on my authorization prior to receiving my notice of revocation. I understand that no sales representative has the Company's authority to accept risk, pass on insurability, or make or void, save or change any conditions or provisions of the application, policy or receipt, as applicable.

Insurance products and annuities are not a deposit or other obligation of, or guaranteed by a bank, any affiliate of a bank, or savings association, and are not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States, a bank, any affiliate of a bank, or savings association, and involve investment risk, including possible loss of value. The approval or disapproval of any extension of credit by the bank or an affiliate is not based on whether or not this insurance is purchased through the bank or through any particular source.

**TAXPAYER IDENTIFICATION NUMBER CERTIFICATION** – Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and I am not subject to back up withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

**FRAUD STATEMENT** – Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Authorized individuals are signing on behalf of the entity purchasing the life insurance and each individual is authorized and empowered to individually or collectively enter into contracts and financial transactions including the purchase of life insurance. The entity is duly organized and existing in compliance with all laws and regulations. The entity shall notify the Company in writing of a change in or revocation of authorized individuals. The authorized individuals and the entity agree to indemnify the Company for liability of any kind arising out of any acts or omissions taken by the Company upon their instructions and in reliance on their representations to the Company in connection with the policy.

Signed at \_\_\_\_\_ Date \_\_\_\_\_  
City State

\_\_\_\_\_  
Signature of Proposed Insured

\_\_\_\_\_  
Signature of Owner (If Owner is corporation, trust or other entity, include title of signee.)

### Agent certification

(1) To the best of my knowledge and belief, the answers given to the questions in this application are full, complete, and true, and there is nothing adversely affecting the insurability of any person proposed for insurance, except as stated in this application; (2) that I gave the Medical Information Bureau Notification, Notice of Insurance Information Practices and Fair Credit Reporting Act Notification to the Proposed Insured; (3) to the best of my knowledge and belief, the applicant ☐ **does** ☐ **does not** have any existing life insurance or annuities; and, the insurance applied for ☐ **does** ☐ **does not** replace existing insurance.

\_\_\_\_\_  
Signature of Agent Date Agent's No.

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Midland National Life Insurance Company
<b>TOI/Sub-TOI:</b>	L08 Life - Other/L08.000 Life - Other		
<b>Product Name:</b>	Form 81-36, 84-5, 81-37, 81-47 (10-12)		
<b>Project Name/Number:</b>	Form 81-36, 84-5, 81-37, 81-47 (10-12)/Form 81-36, 84-5, 81-37, 81-47 (10-12)		

## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:	Rule & Regulation 19 certification attached. Rule & Regulation 49 does not apply to application forms. Flesch Certification attached. Bulletin 15-2009 replaces Bulletin 11-88 and does not apply to application forms.		
Attachment(s):			
81-36, 84-5, 81-37, 81-47 _10-12 readability_ 10-30.pdf			
81-36, 84-5, 81-37, 81-47 _10-12_ AR Cert.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:	Applications are submitted for approval on the Form Schedule.		

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:			
Attachment(s):			
81-36, 84-5, 81-37, 81-47 _10-12_ Statement of Variability 10-30.pdf			

## READABILITY CERTIFICATE

Name and Address of Insurer      Midland National Life Insurance Company  
Corporate Markets Center  
2000 44<sup>th</sup> Street South, Ste. 300 Fargo, ND 58103

I hereby certify that Readability has been tested under the Flesch Readability formula set forth by Rudolph Flesch in his book, The Art of Readability Writing and that the form(s) listed below meet your minimum readability requirements of your state.

<b><u>FORM NUMBER</u></b>	<b><u>DESCRIPTION</u></b>	<b><u>SCORE</u></b>
Form 81-36 (10-12)	Regular Issue Application for Life Insurance	50.8
Form 84-5 (10-12)	Application Part 2/Medical Examiner's Report	56.1
Form 81-37 (10-12)	Guaranteed Issue Application	50.3
Form 81-47 (10-12)	Application for Policy Reinstatement or Change	50.9

*Carmen R. Walter*

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Signature

Carmen Walter  
Typed Name

Assistant Vice President – Corporate Markets Product Development  
Title

October 30, 2012  
Date

TO: Arkansas Department of Insurance

FROM: Midland National Life Insurance Company

DATE: October 30, 2012

RE: Form 81-36 (10-12), Regular Issue Application for Life Insurance  
Form 84-5 (10-12), Application for Life Insurance Part 2/Medical Examiner's Report  
Form 81-47 (10-12), Application for Policy Reinstatement or Change  
Form 81-37 (10-12), Guaranteed Issue Application for Individual Life Insurance

Midland National Life Insurance Company certifies that the referenced forms comply with Arkansas Regulation 19 § 10B regarding unfair sex discrimination in insurance.



Carmen R. Walter  
Assistant Vice President – Corporate Markets Product Development  
Corporate Markets  
Midland National Life Insurance Company

Date: October 30, 2012



# STATEMENT OF VARIABILITY

Application Form Series Form 81-36 (10-12); Form 84-5 (10-12); Form 81-37 (10-12); Form 81-47 (10-12

The following is a list of bracketed items and the corresponding range of text and/or values.

Bracketed Item	Variable Text/Range
Logo, Principal Office location and Corporate Markets Center Office location and contact information	Have been bracketed to reserve the right to change or delete addresses and contact information without re-filing this application for approval. Any change to the Company name and logo will be filed on an informational basis.